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Beacon Light: January/February 1979

St. Cloud Hospital

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Beacon Light

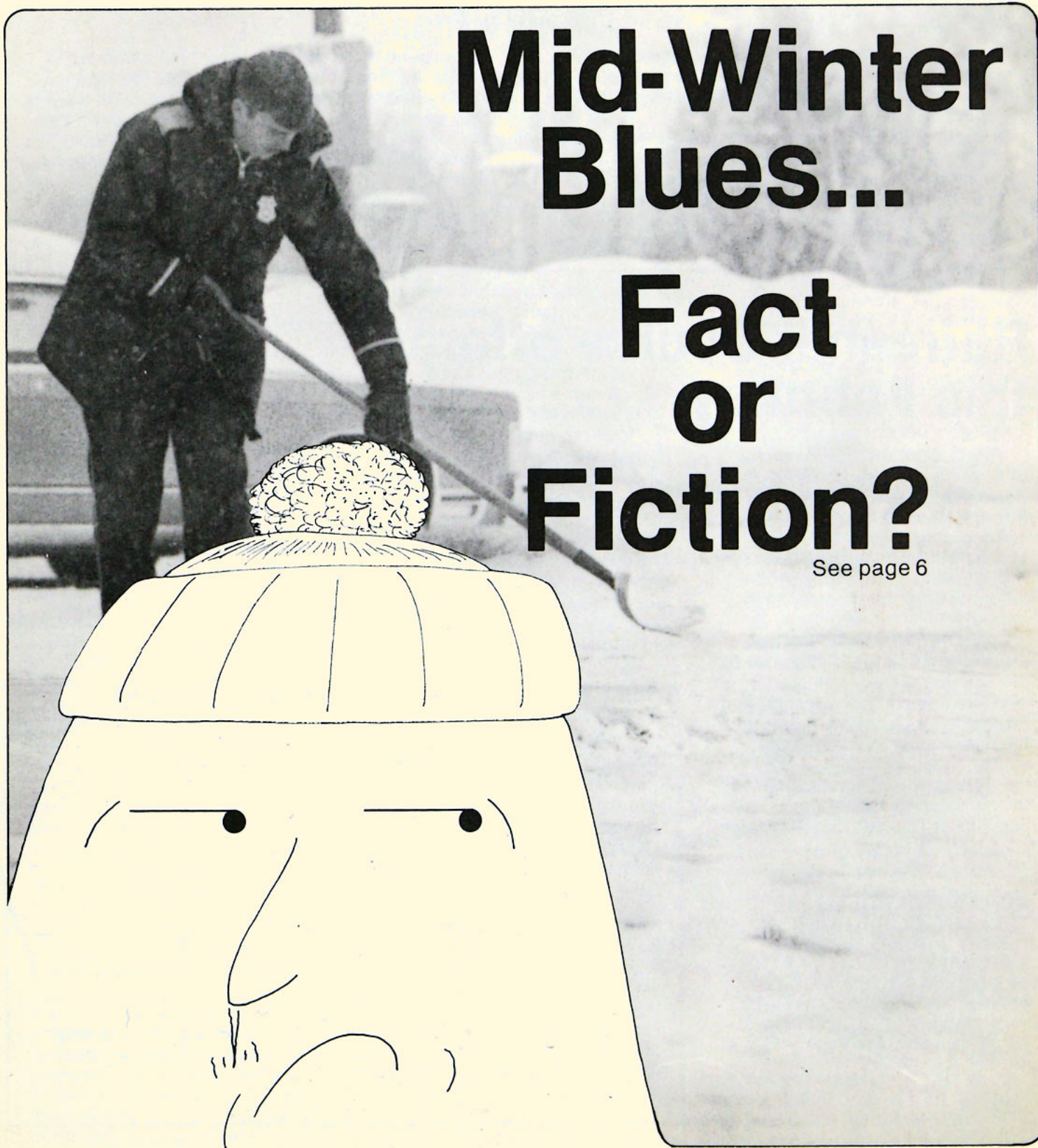
Volume XXVIII, Number 3

January/February, 1979

Mid-Winter Blues...

Fact or Fiction?

See page 6



The Chaplain's Corner

by Fr. John McManus



Signs of the Times

As we commemorate the sixth anniversary of the Supreme Court's decision which, in essence, permitted abortion on demand, it causes us to reflect.

Six years ago a prominent sociologist remarked that when a questionable practice is legalized within a period of five years, the legalized questionable practice would become the norm of morality for the Country. Fortunately, this pessimistic view has not prevailed. In fact, the signs are contrary to this view.

More and more, resistance to this infamous decision of the Court surfaces across the land. Hopefully, this arises because as each of us realizes that we must face our God, none would want to hear the judgment that in this 20th Century they were found wanting to provide protection for the most defenseless form of human life.

Herein lies our strength—the good will of all peoples enlightened by the Spirit of God will cause justice to prevail. He is our God—we are His people.

Refresher Course offered this February

The St. Cloud Hospital School of Nursing is offering another R.N. Refresher Course, February 19 through March 9, 1979.

According to Sr. Mary Jude Meyer, School of Nursing Director, the course is limited to ten students on a "First come, first serve basis."

She added that the intensive three-week program is designed to provide Registered Nurses who have not been active in the nursing profession for a period of time with the opportunity to update their skills.

Upon completion of the course, the participants receive a certificate. This certificate enables

those who wish to do so to reactivate their nursing license—a major goal of many in the class.

Registration should be completed by January 19, 1979. The cost is \$135. Interested persons should contact the Hospital's School of Nursing, 251-2700, Ext. 321 to register or to find out more information.

Beacon Light

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The Public Relations Department
of
The Saint Cloud Hospital
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FROM THE ST. CLOUD HOSPITAL KITCHENS

HOT MULLED CIDER

Brown Sugar	½ cup
Salt	¼ tsp.
Cider	2 qts.
Allspice, whole	1 tsp.
Cloves, whole	1 tsp.
Cinnamon, stick	3 inches

1. Combine brown sugar, salt and cider.
2. Tie spices in small piece of cheesecloth. Add.
3. Bring to boiling. Simmer, covered, for 20 minutes. Remove spices.
4. Serve hot.

Ice skating, sledding, sleigh rides, skiing or shoveling the front walk all call for something hot. Spoil your out-doors people a little with a mug of hot cider and a molasses cookie or sandwich.

DON'T FORGET TO ATTEND THE SAINT CLOUD HOSPITAL CREDIT UNION'S ANNUAL MEETING AND DINNER AT THE ELK'S CLUBROOMS, FRIDAY, FEBRUARY 16, 1979. CONTACT THE T&L CREDIT UNION FOR MORE INFORMATION.

Comment

by Harry Knevel
Assistant Administrator for Planning



Certificate of Need

Q. What is a "Certificate of Need"?

A. The Certificate of need is a document issued by a government agency which grants permission to health care providers to expand, modify, or establish new facilities or services, or add equipment according to the standards and criteria of specific legislation. Detailed regulations spell out information required from the hospital so the agency can make a determination. The primary goal of Certificate of Need legislation should be to promote comprehensive health planning which will provide the highest quality of care at the lowest possible cost, with maximum availability. In the state of Minnesota, a Certificate of Need law has been in effect since 1971.

Q. What information does the application for Certificate of Need provide?

A. The application for a Certificate of Need provides very detailed information about the Hospital's geographic service area, the population of the service area, a complete description of the proposed plan, the effects of the proposed plan on patient costs, the proposed plan's impact on other health care facilities in the area, the need for the development of the proposed project, the relationships of the plan to any established planning priorities for the area, methods of financing, the proposed project, anticipated commitments and completion dates and community support. All of this information provides the rationale and justification for the entire program and describes in a very under-

standable manner, what we are doing, why we are doing it, and most importantly, that the benefits the project provides for our patients will be worth the expense.

Q. Who is preparing the Certificate of Need?

A. St. Cloud Hospital Personnel are preparing all of the background data necessary, but the application for the certificate will be prepared in cooperation with the Herman Smith consulting firm from Chicago. (Herman Smith & Associates has been selected as Project Manager of the Construction-Management Team, see page 8.)

Q. When will the application be completed?

A. Our target date for submission to the local Health Systems Agency (CMHSA) is May 1, 1979. If we fail to meet the May 1 date, submission of the application will have to be deferred until June 1.

Q. Where does the application go after we have completed it?

A. We will submit the entire application to the Central Minnesota Health Systems Agency for review. They will make their recommendation and forward the application to the Minnesota Department of Health for final review.

Q. How much time is involved in the entire review/approval procedure?

A. We will be scheduling pre-submission reviews with the staff at the Central Minnesota Health Systems Agency in an effort to facilitate subsequent review procedure and process.

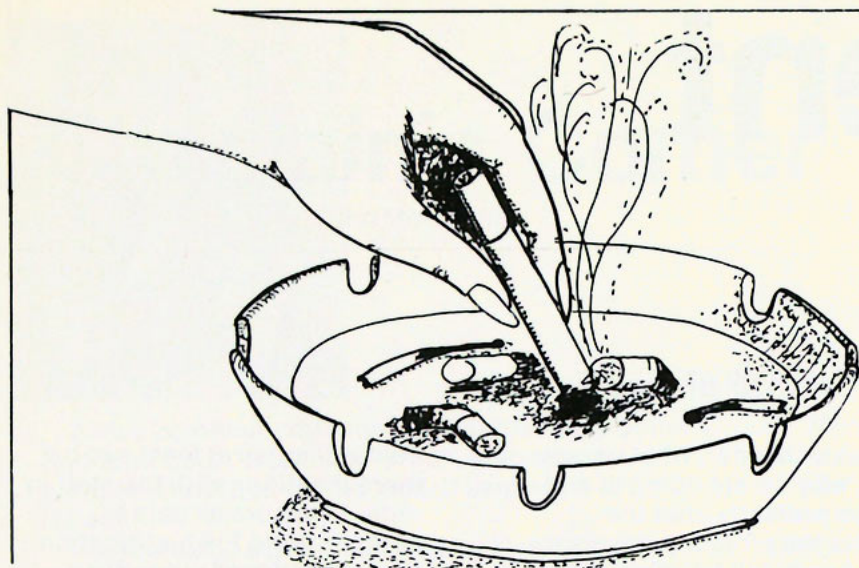
This will entail at least two or more meetings with the staff in order to assure all data is complete and full justification for our program is identified in an understandable manner. From the date of formal submission, which we anticipate will be May 1, the entire review/approval process, including CMHSA project review committee, public hearing, Board of Directors review and submission to the Department of Health for final review and approval, should take approximately 90 days.

Q. What happens to the Hospital's Plan if the Certificate of Need is not granted?

A. We hope that the process of pre-submission meetings and discussions will place everything in order to achieve approval. However, if it is not approved—an adverse recommendation is made—we may withdraw our application or appeal the decision.

Q. If approved, what is the next step in the Plan?

A. It would be necessary to move immediately to complete design drawings for the facility change to include construction and renovation. Working drawings identifying all details of construction should follow in an effort to obtain bids and begin construction as rapidly as possible. Some of the renovation or reassignment of areas could take place during this period of time. Again, depending upon the scope of that particular project and if designed and working drawings are simple, there is a possibility the construction of that particular project could start very soon—within a period of 60 days.



Help yourself to good health

The pain radiating from my chest is burning through my left arm! The pressure in my chest is overwhelming! Breathing is very difficult. Beads of perspiration building on my forehead are beginning to run down my face.

I'm having a heart attack! But that's impossible. I'm only 40 years old!

The leading causes of death for a 40 year old white male are heart attack, auto accidents, lung cancer, cirrhosis of the liver and suicide—in that order.

The risk factors which lead to death from heart attack include high blood pressure, high cholesterol, cigarette smoking, lack of exercise, overweight and diabetes mellitus.

How many of these risk factors do you have? All of them can be controlled, and except for high blood pressure and diabetes, all can be eliminated through a change in lifestyle.

"Attention to lifestyle and environment offers the most rewarding paths to improved levels of health," LuAnn Reif, R.N., Health Services Nurse at St. Cloud Hospital, said.

"A state of wellness is within reach of all of us," she emphasized. "A wellness lifestyle will not only drastically reduce the risks of illness or disease, it will provide for a life of greater satisfactions, increased serenity and an expanded interest in the future."

According to Reif, the five main dimensions of wellness are:

- Stress Management
- Self Responsibility
- Nutrition
- Physical Fitness
- Environment

"Wellness, or individual good health, depends to a great degree on our control over environmental influences, including those which through our own behavior, we make for ourselves," Reif said.

"By controlling our environment, that is, by following healthy lifestyles, we are practicing preventative medicine and are insuring a longer, healthier life," she said.

The lifestyle profile on the opposite page graphically illustrates the difference between healthy and unhealthy lifestyles. The number of examples which can be utilized are endless; however, the purpose is to get

people to begin looking at their lifestyles and finding areas in where improvements can be made, Reif added.

The St. Cloud Hospital is very concerned with helping members of the community learn to help themselves. Through the Community Relations and Development Department, the Hospital is now providing stop smoking programs, self-breast exam programs, and other health education programs. We have just completed a stress workshop for employees with plans to expand into the community. Plans are also in progress for programs relating to nutrition and weight control.

"We are attempting to convince people that it is worthwhile to change to healthier living habits," Reif said. "The task of improving our health and extending our life must begin with us as individuals; it is our lifelong responsibility."



Twenty-five members of the community improved their lifestyles by participating in the Hospital sponsored Stop Smoking program. Loretta Peka is pictured receiving her Certificate of Achievement from Marlene Schroeder, Community Relations Coordinator, who conducted the program.

Your Lifestyle Profile

Source: Health and Welfare of Canada. Indicate by circling the signs that apply to you.

Exercise

Amount of physical effort expended during the workday mostly

Heavy physical walking housework Desk work

Participation in physical activities—skiing, golf, swimming, lawn mowing, gardening, etc.
Daily Weekly Seldom

Participation in a vigorous exercise program
3 times weekly Weekly Seldom

Average miles walked or jogged per day
More than 1 Less than 1 None

Flights of stairs climbed per day
More than 10 Less than 10

Nutrition

Are you overweight?
No 5 to 19 lbs. 20 or more lbs.

Do you eat a wide variety of foods—something from each of these food groups: (1) meat, fish, poultry, dried legumes, eggs or nuts (2) milk or milk products (3) bread or cereals (4) fruits (5) vegetables
Each day Three times weekly

Alcohol

Average number of bottles (12 oz.) of beer per week
0 to 7 8 to 15 Over 16

Average number of hard liquor (1½ oz.) drinks per week
0 to 7 8 to 15 Over 16

Average number of glasses (5 oz.) of wine or cider per week
0 to 7 8 to 15 Over 16

Total number of drinks per week, including beer, liquor and wine
0 to 7 8 to 15 Over 16

Drugs

Do you take drugs illegally?
No Yes

Do you consume alcoholic beverages together with certain drugs (tranquilizers, barbiturates, antihistamines or illegal drugs)?
No Yes

Do you use pain-killers improperly or excessively?
No Yes

Tobacco
Cigarettes smoked per day
None Less than 10 More than 10

Cigars smoked per day
None Less than 5 More than 5

Pipe tobacco pouches per week
None Less than 2 More than 2

Personal Health
Do you experience periods of depression?
Seldom Occasionally Frequently

Does anxiety interfere with your daily activities?
No Occasionally Frequently

Do you get enough satisfying sleep?
Yes No

Are you aware of the causes and dangers of VD?
Yes No

Breast self-examination? (If not applicable, do not score.)
Monthly Occasionally

Road and Water Safety
Mileage per year as driver or passenger
Less than 10,000 More than 10,000

Do you often exceed the speed limit?
No by 10 mph or more by 20 mph or more

Do you wear a seatbelt?
Always Occasionally Never

Do you drive a motorcycle, moped or snowmobile?
No Yes

If yes to the above, do you always wear a regulation safety helmet?
Yes No

Do you ever drive under the influence of alcohol?
Never Occasionally

Do you ever drive when your ability may be affected by drugs?
Never Occasionally

Are you aware of water safety rules?
Yes No

If you participate in water sports or boating, do you wear a life jacket? (If not applicable, do not score.)
Yes No

General
Average time watching TV per day (in hours)
0 to 1 1 to 4 Over 4

Are you familiar with first-aid procedures?
Yes No

Do you ever smoke in bed?
No Occasionally Yes

Do you always make use of clothing and equipment provided for your safety at work? (If not applicable, do not score.)
Yes Occasionally No

How to calculate your score: One point for each ●, 3 points for each ▲, and 5 points for each ■.

Excellent 34-45

Congratulations! "Excellent" indicates that you have a commendable lifestyle based on sensible habits and a lively awareness of personal health. Keep up the good work and maintain this rating.

Good 46-55

You have a sound grasp of basic health principles. Only one to ten points separate you from the elite. With a minimum of change you can develop an excellent lifestyle pattern. Make the effort to move up to "Excellent" and stay there.

Risky 56-65

You are taking unnecessary risks with your health. Several of your lifestyle habits are based on unwise personal choices which should be changed if potential health problems are to be avoided. Look at your test again. Start your improvements with the places you lost points. A few common-sense decisions can mean a "Good" rating, but the challenge is to move your lifestyle up to "Excellent."

Hazardous 66 and over

A "Hazardous" rating indicates a high risk lifestyle. Either you have little personal awareness of good health habits, or you are choosing to ignore them. This is a danger zone—but even hazardous lifestyles can be modified and potential health problems overcome. All it takes is a little conscientious effort to improve basic living patterns. Go over your test carefully and start making those improvements right now.

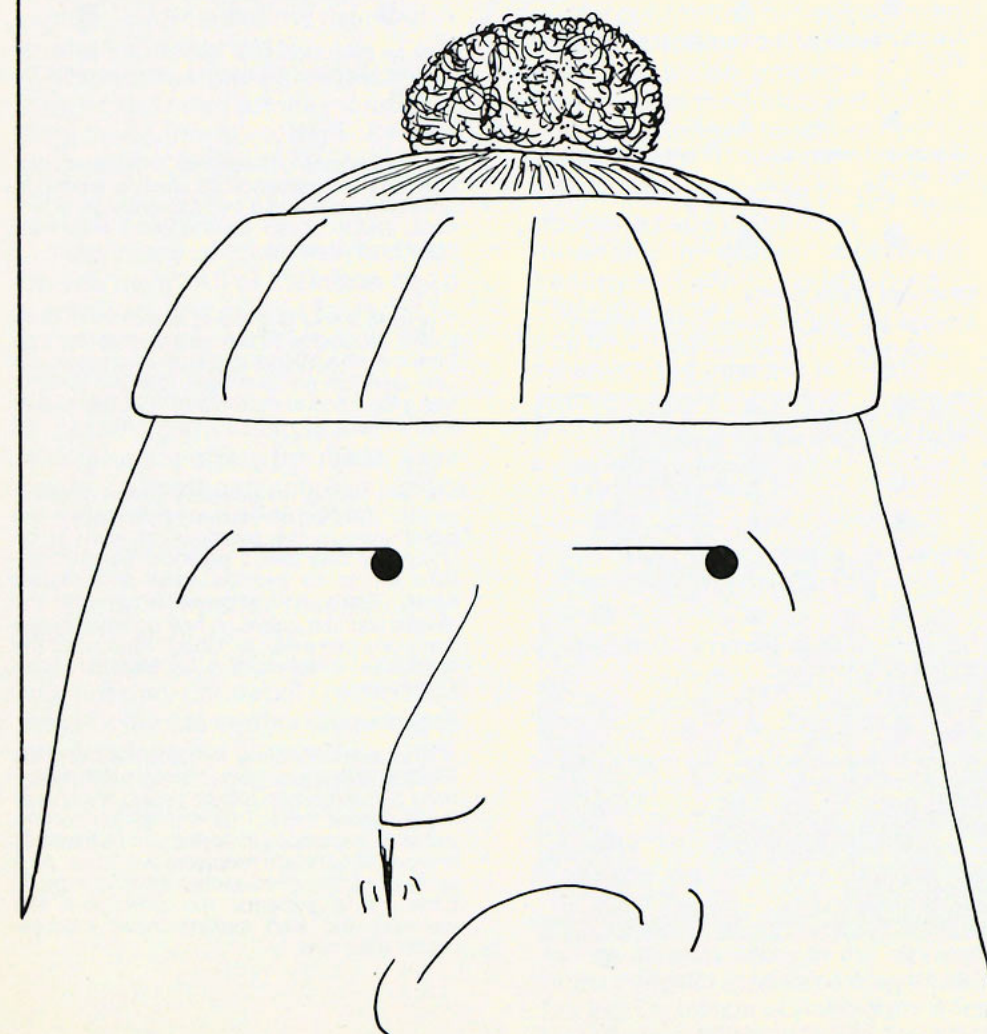
Mid-Winter Blues...

You say for the past five weeks the temperature hasn't gotten above 10°—below zero! You say your car hasn't started for six weeks but you don't care because it's so cold you don't feel like going anywhere anyway! And, on top of all this, you think you're suffering from something called the Mid-Winter Blues! Is that what's got you down, Bunky?

Well, cheer up! Sure it's cold and your car won't start, but the mid-winter blues is not a medically diagnosed illness—at least not officially.

"Just because mid-winter blues cannot be medically proven doesn't seem to matter," Jean Laudenbach, Mental Health Unit (MHU) Program Director said. "If people believe it exists, then for them, it is real."

Fact or Fiction?



Laudenbach said that depression can happen at any time of the year, but that holiday seasons can have an especially depressing effect on varying segments of the population.

For example, those who have no family and are living alone are more susceptible to the depression that accompanies loneliness during a particular holiday season. Some people who can't afford to buy the gifts they want may suffer a depression.

There is even a depression which accompanies a let-down many people experience once the frenzied pace of the holiday season comes to an end.

"Many people may experience these kinds of depression and attribute it to the mid-winter blues," Laudenbach said. "Or, during the cold winter months, people may refer to their depression as something called 'cabin fever', a cliché which has been coined especially for the winter months when people tend to spend more time indoors waiting for Spring."

But regardless of what the depression is called or when it comes, it usually has the same symptoms. Some of the general signs of depression are: a tendency to withdraw from people; low energy levels; a desire to sleep more and/or a change in eating habits—either more or less.

"It's normal for everyone to experience these tendencies off and on," Laudenbach indicated. "They are a part of our lives and may or may not indicate a depressed state."

"The problem arises when these tendencies become so strong that we can no longer participate in normal daily activities," she said.

So, what is the best method of fighting off these signs of depression? According to Laudenbach, the best method of fighting off a depression is to become involved and active. There is an abundance of activities going on in the community throughout the year—many of which are free. She advises people who are feeling depressed to take advantage of the opportunities available to them.

"People who are depressed need to force themselves to get active, even to the point of pretending to enjoy the activity," she said. "If, after a while, they find they still aren't enjoying themselves, then find a new activity."

Another method is to plan for something—have something to look forward to such as a trip, or even planting a garden in the Spring.

"The important thing is to make the effort," Laudenbach emphasized. "If an effort to change isn't made, the problem just keeps getting worse."



Instead of sitting around the house feeling depressed during these cold winter months, why not become involved in some sort of activity. The activity can be anything from a hobby you can do at home to recreational activities, such as ice-skating on Lake George.

The Mental Health Unit Progressive, Innovative, Effective

There was no cake, no banners and no hoopla. Work went on as usual.

But for those who were here ten years ago, this past September was a time to reflect. It was the tenth anniversary of the Mental Health Unit (MHU).

"We went through some hard times trying to treat patients and educate the public on just what the Mental Health Unit was about," Henry Brattensborg, M.D., Psychiatrist, said. "We've come a long way in the past ten years. Now, we have gained the acceptance and support of the Hospital, the community and our patients."

Over the course of the past ten years, the Unit has grown and matured into what Dr. Brattensborg describes as one of the most effective, progressive and innovative hospital-based mental health units in the nation.

"No other mental health unit that I know of has a program as flexible as ours," he said. "All our staff members are involved in the treatment program. This team approach is good for our staff and more importantly, it's good for our patients."

When most places seem to be moving toward specialization with particular disciplines, such as

Recreational therapists responsible only for their particular part of the treatment program, St. Cloud Hospital's Mental Health Unit is reversing the trend.

"Here, we stress staff involvement in all phases of the treatment program," Jean Laudenbach, MHU Program Director said. "The entire staff also helps to develop the treatment programs utilized on the Unit."

"Most of the educational, therapy or recreational programs we use have developed out of needs as they arise," Laudenbach said.

"A new idea can be suggested by a patient, a staff member, or brought back to the group through participation in a workshop," she said. "The new idea is reviewed by all staff members as a group, where we decide how much, if any, of the new idea will fit into our program."

"We are very selective in choosing our programs and we don't follow fads," Laudenbach emphasized. "We use what fits our patients' needs and what the staff feels comfortable with."

And, the staff members are not content to sit on a good thing, she added. They are constantly reviewing new program ideas to insure that the Unit will maintain its effectiveness.

Laudenbach also said that the patients here are given much of the responsibility for their personal treatment. They set their own goals and are responsible for reaching them.

The Unit treats an average of 500 patients each year. About 71% are able to return to their normal lives without the need for further hospitalization.

In keeping with its progressive nature, Laudenbach indicated that the MHU is involved in Community Health Education through the Hospital's Speakers Bureau program.

"Members of the MHU Staff are willing to speak about Mental Health and the Hospital's program to community groups or schools. To schedule a program on Mental Health, contact the Hospital's Department of Community Relations & Development, 251-2700; ext. 110.

Modifications made in Master Plan

Major modifications in the St. Cloud Hospital's construction plans were authorized today by the Hospital's Board of Trustees.

Among the changes included was a decision not to tear down the North Wing of the Hospital or the former convent building immediately north of the Hospital. Recommendations also included the construction of a parking ramp to be located on the riverbank east of the Hospital.

Original plans announced in September, 1978, called for the demolition and reconstruction of the North Wing, demolition of the Hospital convent and the addition of three floors to the Northwest Wing. A parking ramp had been considered, but not until the final phase of the building program around the mid-1980's.

The newly modified plan also limits immediate expansion of the Northwest Wing to one additional patient floor. It was emphasized, however, that more floors could be added to this wing if it became necessary.

"As we assessed the impact our original plan would have on patient care costs here at St. Cloud Hospital, it became more and more apparent that we would have to make modifications in the project," said Gene Bakke, St. Cloud Hospital Executive Vice President.

"We also found that parking was a far more critical problem than we had initially anticipated," he said.

"Through meetings with members of the public, our medical staff, the Hospital's management staff, and our recently appointed construction-management team, we were able to develop practical alternatives to our original plans," Bakke said.

Bakke indicated that "we have no firm cost estimates on the revised plan at this time, but we do believe it will be far less costly than our original plan."

"Estimates on the original proposals were in the area of \$20 million," Bakke said, "and a new cost estimate for the revised plan is expected by March 1st."

The St. Cloud Hospital will be using the construction-management team approach on its proposed building project. The Project team will consist of a Project manager, financial consultants, construction-managements representatives, the architects/engineers and parking consultants. "We have chosen this approach because we believe it will give us the best methods of accelerating the implementation of the project and of controlling project costs," Bakke said.

"Visits to other facilities following the project management approach have shown that they have been able to dramatically reduce their planning and construction time," Bakke said. "A direct result of this would be to

reduce the impact of escalating costs caused by inflation, shortages of building materials and other general cost increases," Bakke added.

The firm of Herman Smith and Associates of Chicago, Illinois, has been selected as the Hospital consultant and at the present time will be the Project Manager of the team. The firm's responsibilities involve coordination of the entire construction/renovation project through the Certificate of Need process, which is scheduled for late spring of 1979. (Recommendation for approval of a project this size must be granted by the Central Minnesota Health Systems Agency through the Certificate of Need.)

The construction management services will be provided by McBro Planning and Development Company, St. Louis, Missouri. McBro's services will include working with contractors in planning and scheduling actual construction activities. Carl Walker and Associates, Inc., Minneapolis, Minnesota will be retained to advise on parking, traffic flow and design of the proposed parking ramp.

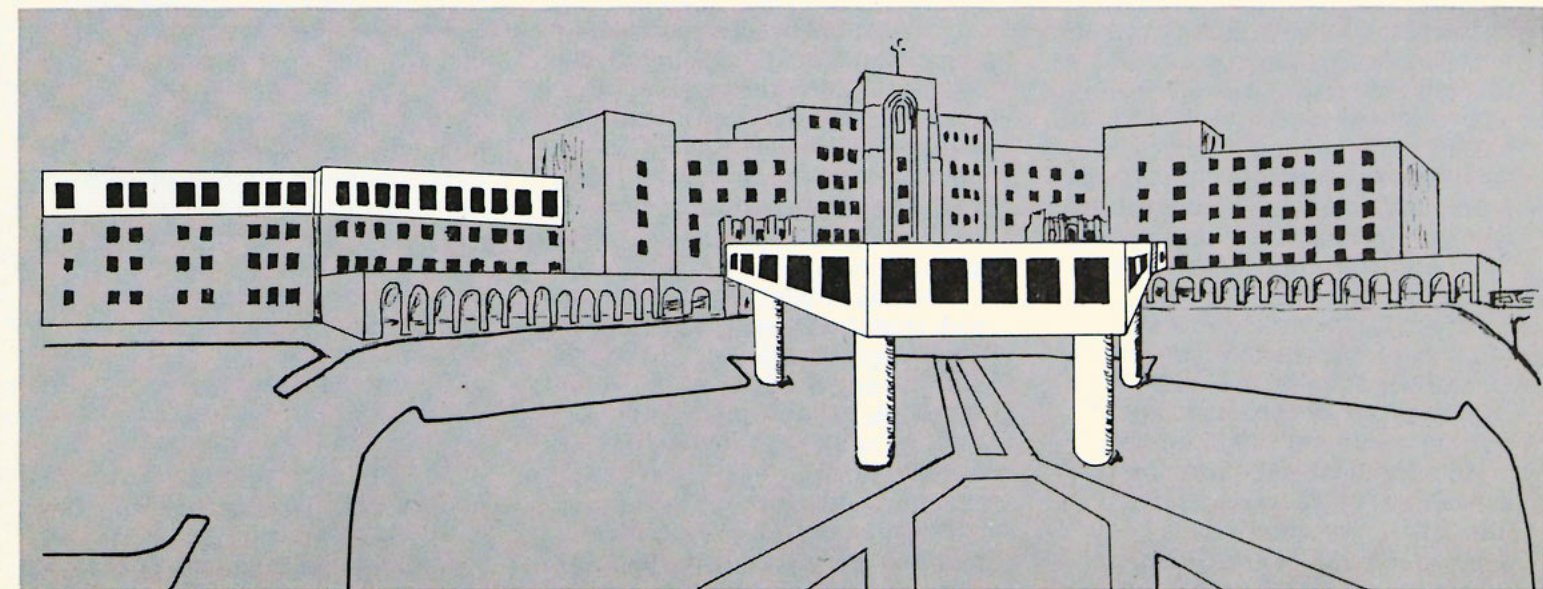
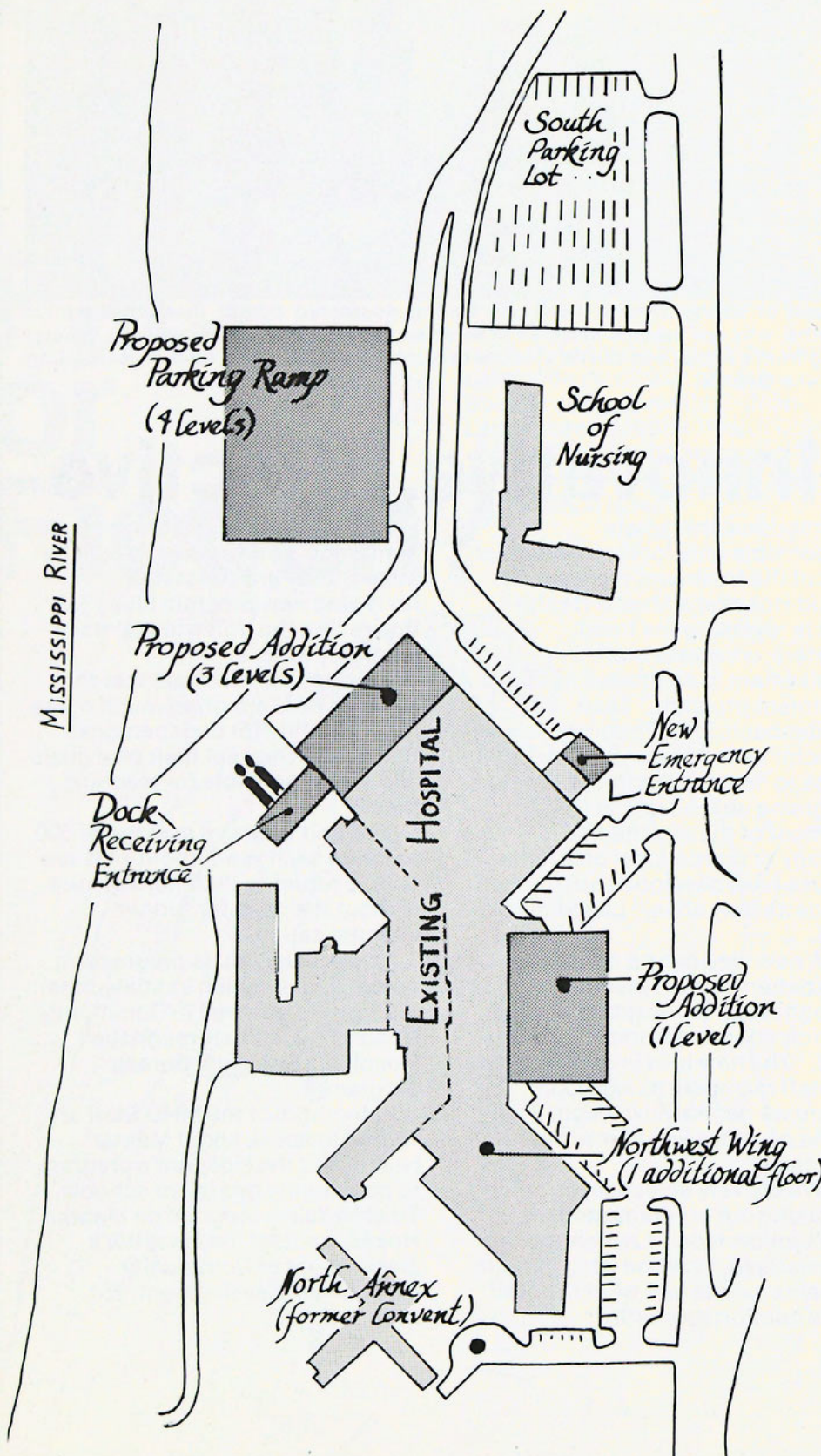
Coordination of financial arrangements for the project will be handled by Robert G. Engelhart and Company, Minneapolis, Minnesota. The final member of the project team will be the architectural firm of Hills, Gilbertson & Fisher, Inc., and Kidde Consultants, consulting engineers, both of Minneapolis.

Bakke noted that the original plans were designed to accommodate expanded medical services at the Hospital. These areas include: neurosensory care, oncology, emergency care, outpatient care and critical care.

"Our revised plan still includes accommodations for these services," Bakke said.

In addition to the new floor on the Northwest Wing and the construction of a parking ramp, plans call for expansion of the Hospital to the east to add more room to the surgery suite, laboratory and the radiology departments.

Part of the second floor would also be extended over the main entrance toward Sixth Avenue. A new critical care unit would be located in this area, Bakke explained.



The drawing above shows the approximate locations and sizes of the additional floor on the Northwest Wing, and a new extension of the second floor which would extend out over the circle drive.

New Ambulatory Surgery Unit opens at St. Cloud Hospital

Ambulatory Surgery is not a new concept at St. Cloud Hospital. It has been performed here for the past twelve years.

However, an increased awareness of general health care by members of the community, and particularly in areas where health care costs can be reduced, has brought on a greater demand for this service.

"The number of ambulatory surgery patients has continued to increase over the past few years," Sr. Mary Ellen Machtemes, OSB, Surgery Department Director, said.



Marcia O'Konek, R.N., reviews the Home Care Plan with Pam Gacke Ambulatory Surgery patient.

"Scheduling of additional procedures in the Emergency-Outpatient Department no longer allowed their staff adequate time to provide the extra pre-operative and post-operative care needed for ambulatory surgery patients."

"We realized that a separate area for one-day surgery patients was needed," she said. "In August, 1978 we were able to move ahead with our plans, and the new Ambulatory Surgery Unit opened on November 14, 1978."

The Ambulatory Surgery Unit cares for basically two kinds of patients: those who come to the hospital in the morning, complete their surgical or specific diagnostic procedure and return home that afternoon; or those patients who come to the Hospital the morning of their surgical procedure and who stay in the Hospital overnight.

"The purpose of this program is to shorten the patient's time away from home and work," Sr. Mary Ellen said. "It also lessens hospital charges since either no room charge is made, or because patients are not required to come into the Hospital the day before, the charge for a room the night before the surgical procedure is eliminated. The procedure for ambulatory

The procedure for ambulatory

surgery is simple. Arrangements are made ahead of time with your physician.

You arrive at the Hospital the morning of your scheduled surgery, check into the Admissions Department, and go to the Ambulatory Surgery Unit, located on the second floor. There you are prepared for your surgical procedure. Once you are ready, you are taken to the Surgery Department, where all surgeries are performed.

After the procedure is completed, you return to the Ambulatory Surgery Unit for discharge, generally 2-5 hours after the surgical procedure is completed.

You are immediately reunited with your family or friends. A member of the nursing staff thoroughly reviews your home care instruction brochure with you and your companion, and answers any questions you may have.

"The whole concept of ambulatory surgery here at St. Cloud Hospital is personal and family oriented," Jackie Peterschick, R.N., Unit Charge Nurse said. "We try to telephone the patient a day or two before the scheduled surgery date. Members of the family or friends are



The Pediatric Room is a favorite spot for small children. Here, they will find a variety of toys, coloring books and games to play with before and after surgery. It is also a good waiting spot for their brothers and sisters.

encouraged to accompany the patients—especially if the patient is a small child."

And, it's a cooperative effort between the doctor's office and at least 25 different hospital departments.

Jackie had a major role in coordinating the development of the Ambulatory Surgery Unit at St. Cloud Hospital. Before moving to St. Cloud, she coordinated the opening of another Ambulatory

Surgery Unit in a Milwaukee, Wisconsin, hospital.

She and two other nurses, Linda Keeler and Marcia O'Konek, staff the unit. They care for between 5-10 patients per day.

According to surveys of other surgical clinics and hospital-based outpatient surgery units, this is a good daily average number of patients to insure an effective and efficient unit.

"We want to grow, and we see

the need," Peterschick said. "But, we will need additional space and staff."

"Most growth will be in numbers of out-patient admits—those who will stay overnight after their surgical procedure," she said.

"The number of one-day surgeries will increase, but is limited to the types of surgeries which can be performed on a one-day basis."

The Unit has seven rooms—three patient rooms, one large pediatric room with rocking chairs, cribs and toys for children, a lounge for family members, a storage room and a kitchennette.

"It's surprising the number of patients who travel long distances, and since they are not allowed to eat anything prior to their surgery, it's nice to be able to give them something to eat once they return from surgery," Peterschick said.

"Most of the procedures we do cannot be done in clinics or in the doctors' offices," she added.

"They simply do not have the equipment or facilities."

"And that's one of the special advantages of a hospital-based outpatient surgery unit," she emphasized. "If any complications should arise during or after surgery, it's comforting to know that the resources of a major regional medical facility are immediately available."

A&C Treatment Program expands to include Outpatients

The plant's health nurse shook his head with concern as he hung up the phone. John is sick again—the second time this month.

His absentee record indicates a problem. A follow-up conversation with John's Supervisor supports the theory that John might have a drinking problem.

In fact, John does have a drinking problem, not yet severe enough for admission to an in-patient treatment program, but quickly leading in that direction.

Help for these people is now available at St. Cloud Hospital through the Hospital's newly developed Alcohol and Chemical Dependency Outpatient treatment program.

The Hospital has been providing a successful inpatient Alcohol and Chemical Addiction program for the past ten years. The Out-patient program is a relatively new concept which, according to Jim Forsting, Program Coordinator, has developed within the past five years.

"The out-patient program is a more reasonable way of treating less acutely ill patients," Forsting said. "During the course of treatment, patients are able to continue working, meet family obligations and other responsibilities."

"Because of its non-disruptive approach, persons who need help might be more willing to participate on an out-patient basis," Forsting added.

The Hospital's program is aimed at early intervention and is designed to educate the chemically dependent person about the impact of their dependency on themselves and their family members.

It assists the dependent person in a transition from unpredictable moods, attitudes and emotions to that of a stable, responsible individual.

The program also aids the patient in attaining a more positive self-image and healthier outlook on life as it pertains to family, employer, social and spiritual relationships.

"Our program will be conducted from 6-9:30 p.m., Monday through Thursday for five consecutive weeks," Forsting said. "It will be a period of very intensive therapy to accomplish eight objectives."

The objectives of the program are: identify the illness, recognize and identify the complex system of defenses utilized to keep the patient locked into dependency; accept the chronically ill condition; formulate a personal rehabilitation program; to continue medical treatment as needed; become familiar with the Alcoholics Anonymous Twelve Step program; examine the psychological and sociological factors in chemical dependency; and learn chemically free alternatives in coping with personal, social, economic

problems through relaxation, recreation and hobby development.

"We should see a high success factor with this program because of the high degree of motivation by participants," Forsting emphasized. "It is voluntary and many of the people involved will have worked all day and/or traveled long distances to participate."

"Prospective patients will be referred to us through a growing network of persons in the community who have been trained in first-step intervention," Forsting said. "These people include members of the clergy, law enforcement officials, judges, employee health service personnel, and more people as they become identified."

"We are all excited about this program," Mike Becker, Assistant Administrator for Rehabilitation Services at St. Cloud Hospital, said. "It is an excellent complement to our existing A & C Addiction program and it will provide a valuable community service."

Beacon Light

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